USDA-NRCS MN-ENG-098 4/02

PART 1

UTILITY NOTICE

Name	Date
Address	
Pipelines, electric lines, telephone wires, and construction work. Any contact with above-grand property. You should take action to preve from accidental contact.	round or buried utilities poses a hazard to life
The Natural Resources Conservation Service r non-existence of utilities. The absence of utili no utilities on the site.	_
Fill in the information below, sign and return to as soon as possible. Forward the attached form completion. Subsurface investigation or constitution are returned.	n to your excavator (if other than NRCS) for
	NDCC Degree contative
	NRCS Representative
Are there any <u>above-ground</u> utilities in or close be done?	e to the area where the conservation work will
No Yes Type of Utility & Compar	ny
Are there any <u>buried</u> utilities in or close to the done?	area where the conservation work will be
No Yes Don't Know Type of Utilit	y and Company
I understand that no subsurface exploration or programs until both parts of this form are com-	
Owner/Operator/Sponsor Signature	

BURIED UTILITY CHECKLIST (to be completed by NRCS)

1.	Gopher State One-Call notified before subsurface investigation?	
	No Yes No Investigation	
2.	Known utility locations and Gopher State One-Call statement shown on Plans?	
	No Yes	
3.	MN-Eng-098, Part 2, returned by the construction contractor (excavator) inditated that Gopher State One Call was notified.	
	No Yes	

USDA-NRCS MN-ENG-098 4/02

PART 2

Proje	ect Name:	
Coo	perator:	
Loca	ation:	
	UTILITY NOTICE (to be completed by excavator)	
Befo	ore any excavation is done it is the excavator's responsibility to do the following:	
1.	Notify the Gopher State One-Call (GSOC) office at least 48 hours before excavation begins and give the required information on the type, location, and planned date and time of excavation.	
2.	Request the ticket number and that an employee of all directly affected utilities be present during construction within the utility right-of-way.	
3.	Fill in the information below:	
	Excavator:(Signature)	
	(Name and Title)	
Date	e / Time of Excavator's call to GSOC:	
GSC	OC Ticket Number:	
Was	a Utility Representative requested e present during construction? Yes No	
Retu	rn completed form to:	
	Name:	
	Address:	